

FILED DEC 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39895

STATE FILE NUMBER

Registration District No. 120

Primary Registration District No. 5444

Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Albany Athens Twp/</b>			c. CITY OR TOWN <b>Stanberry</b>		
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <b>Plainview Resthome</b>			d. STREET ADDRESS (If outside, give location) <b>North Willow St.</b>		
Length of stay in lb <b>4 days</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Mr. Rolla Clyde McClure</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>24</b> Year <b>1957</b>		
5. SEX <b>ma'le</b>	6. COLOR OR RACE <b>whote</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 20, 1872</b>	9. AGE (In years) <b>85</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (City and state or country) <b>Edinburgh, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>(deceased)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <b>no</b> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT <b>Mr. Victor Heaston, Bethany, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>4201</b>					INTERVAL BETWEEN ONSET AND DEATH <b>ink</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Nov. 20, 1957</b>	
21. I attended the deceased from Death occurred at <b>Nov. 20, 1957</b>		to <b>Nov. 24, 1957</b> and last saw him alive on <b>Nov. 24, 1957</b>		at <b>9 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>C. J. P. [Signature]</b>		22b. ADDRESS <b>Bethany, Mo.</b>		22c. DATE SIGNED <b>11/25/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/26/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>M. S. [Signature]</b>	
23d. LOCATION (City, town, or county) <b>Bethany, Mo.</b>		23e. STATE <b>Mo.</b>		23f. COUNTY <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Phillips Mortuary</b>		25. DATE RECD. BY LOCAL REG. <b>11-26-57</b>		26. REGISTRAR'S SIGNATURE <b>Mr. L. W. Bare</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

~~by me, or by~~ ....., Student Embalmer No. ....

~~working under my personal supervision.~~

~~Student~~ .....

~~Signature of Student Embalmer~~

Signed .....

Licensed Embalmer No. 1898

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.